

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re William J. Focazio

Case No. 19-10880

Reporting Period: May 17 - May 31

MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)

File with Court and submit copy to United States Trustee within 20 days after end of month

Include FORM MOR-1 (INDV) if debtor is a wage earner.

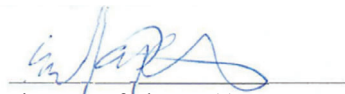
Substitute FORM MOR-2 (RE) for MOR-2 if case is a Single Asset Real Estate case.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	X	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1a	X	
Copies of bank statements		X	
Cash disbursements journals	MOR -Disbursements	X	
Statement of Operations	MOR-1 (INDV)	X	
Balance Sheet	MOR - 3	X	
Status of Postpetition Taxes		N/A	
Copies of IRS Form 6123 or payment receipt		N/A	
Copies of tax returns filed during reporting period		N/A	
Summary of Unpaid Postpetition Debts		N/A	
Listing of aged accounts payable		N/A	
Accounts Receivable Reconciliation and Aging		N/A	
Debtor Questionnaire		X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor



Signature of Chapter 11 Trustee

Date

February 4, 2020

Date

*The Trustee was appointed by Court Order on May 17, 2019. The information contained herein is based on the Trustee's accountant's analysis of the Debtor's bank statements and financing information made available to the Trustee. The Trustee takes no responsibility for the accuracy of the Debtor's information and reserves all rights in connection therewith.

**The Trustee, upon his appointment requested that all cash receipts of the Debtor be forwarded directly to the Trustee account for deposit. Subsequently, it came to the Trustee's attention that not all funds received by the Debtor were being forwarded to him, and the Trustee and his counsel contacted the Debtor and his counsel several times to address this matter. In addition, not all documents requested by the Trustee and his professionals were produced by the Debtor and his representatives. On January 23, 2020, the Trustee's counsel filed a Motion To Compel Compliance with Subpoena to Debtor's accountant.

FORM MOR (INDV)
(9/99)

In re: William J. Focazio
Debtor

Case No. 19-10880
Reporting Period May 17 - May 31

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each Bank Account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (INDV) (CONT)]

	Current Month				Cumulative Filing to Date
	4607	0713	7712	Total	
Cash - Beginning of Month (May 17, 2019)	8,430	93	1,137	9,661	9,304
Unauthorized Receipts					
Wages / Distributions	2,000	-	18,500	20,500	120,000
Interest and Dividend Income	-	-	-	-	-
Alimony and Child Support	-	-	-	-	-
Account Transfer	-	-	1,000	1,000	1,000
Miscellaneous Deposits	-	-	-	-	77,498
Other Income (attach schedule)	3,000	-	4,200	7,200	7,652
Total Receipts	5,000	-	23,700	28,700	206,150
Unauthorized Disbursements					
ORDINARY ITEMS:					
Mortgage Payment(s)	-	-	-	-	-
Rental Payment(s)	-	-	-	-	-
Other Secured Note Payments	-	-	-	-	-
Utilities	-	-	-	-	8,712
Insurance	-	-	-	-	15,714
Auto	-	-	-	-	2,021
Investment Contributions	-	-	-	-	17,250
Business Expenses	-	-	-	-	9,058
Repairs and Maintenance	800	-	-	800	11,550
Medical Expenses	1,048	-	-	1,048	2,929
Household Expenses	6,192	-	500	6,692	52,814
Account Transfer	1,000	-	-	1,000	1,000
Bank Fees	-	-	-	-	822
Child Care Expenses	400	-	-	400	1,200
Alimony and Child Support Payments	-	-	-	-	-
Legal Fees	-	-	-	-	2,425
Taxes - Real Estate	-	-	-	-	-
Taxes - Personal Property	-	-	-	-	-
Storage Unit	-	-	-	-	639
Travel and Entertainment	174	-	-	174	778
Housekeeping	480	-	1,680	2,160	19,260
Miscellaneous Expense	-	-	2,815	2,815	38,971
Other (attach schedule)	-	-	-	-	-
Total Ordinary Disbursements	10,094	-	4,995	15,090	185,142
REORGANIZATION ITEMS:					
Professional Fees	-	-	-	-	6,717
U. S. Trustee Fees	-	-	-	-	325
Other Reorganization Expenses (attach schedule)	-	-	-	-	-
Total Reorganization Items	\$0	-	-	-	7,042
Total Disbursements (Ordinary + Reorganization)	\$10,094	-	4,995	15,090	192,184
Net Cash Flow (Total Receipts - Total Disbursements)	(5,094)	-	18,705	13,610	13,967
Cash - End of Month (May 31, 2019) (Must equal reconciled bank statement)	3,336	93	19,842	23,271	23,271

In re: William J. Focazio
Debtor

Case No. 19-10880
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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY		Current Month Actual	Cumulative Filing to Date Actual
Other Income			
Astram Anesthesia Payment		7,000.00	
Borough of Glen Ridge		200.00	
Other Taxes			
Other Ordinary Disbursements			
Other Reorganization Expenses			

FORM MOR-1 (INDV) (CONT)
(9/99)

Debtor

Reporting Period May 17 - May 31

DISBURSEMENTS

[illegible]

In re: William J. Focazio
Debtor

Case No. 19-10880
Reporting Period May 17 - May 31

BANK RECONCILIATIONS
Continuation Sheet for MOR-1

A bank reconciliation must be included for each bank account. The debtor's bank reconciliation may be substituted for this page.

	Operating		Other		Operating		Total
	# 4607		# 0713		# 7712		
BALANCE PER BOOKS	3,336		93		19,842		23,271
BANK BALANCE	3,336		93		19,842		23,271
(+) DEPOSITS IN TRANSIT (ATTACH LIST)	-		-		-		-
(-) OUTSTANDING CHECKS (ATTACH LIST)	-		-		-		-
OTHER (ATTACH EXPLANATION)	-		-		-		-
ADJUSTED BANK BALANCE *	3,336		93		19,842		23,271
* Adjusted bank balance must equal							
balance per books							
DEPOSITS IN TRANSIT	Date	Amount	Date	Amount	Date	Amount	
CHECKS OUTSTANDING	Ck. #	Amount	Ck. #	Amount	Ck. #	Amount	
OTHER							

In re: William J. Focazio
Debtor

Case No. 19-10880
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BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
ASSETS		
Other Property (attach schedule)	1,455,000	1,455,000
Total Property	1,455,000	1,455,000
Cash	23,271	4,000
Autos, Trucks & Other Vehicles	43,862	43,862
Household Goods and Furniture	100,000	100,000
Electronics	5,000	5,000
Clothing	3,000	3,000
Jewelry	6,000	6,000
Partnerships & Business Ventures	60,000	60,000
Medical License	100,000	100,000
Total Other Assets	341,133	321,862
TOTAL ASSETS	1,796,133	1,776,862
	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	36,990	-
Taxes Payable (refer to FORM MOR-4)	-	-
Wages Payable	-	-
Notes Payable	-	-
Rent / Leases - Building/Equipment	-	-
Secured Debt / Adequate Protection Payments	-	-
Professional Fees	-	-
Amounts Due to Insiders*	-	-
Other Postpetition Liabilities (attach schedule)	-	-
Total Postpetition Liabilities	36,990	-
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	1,455,000	850,000
Priority Debt	421,014	246,979
Unsecured Debt	14,886,783	15,228,600
Total Pre - Petition Liabilities	16,762,796	16,325,579
Total Liabilities	16,799,786	16,325,579

*"Insider" is defined in 11 U.S.C. Section 101(31).

Note: The asset and liability values were originally based on the values listed in the bankruptcy petition filed and are updated based on any additional information obtained, i.e. proof of claims, appraisals etc.

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BALANCE SHEET - continuation sheet

		BOOK VALUE AT END OF	BOOK VALUE ON
ASSETS		CURRENT REPORTING MONTH	PETITION DATE
Other Property			
66 Westview Road Wayne, NJ 07470		650,000	650,000
41 Inlet Drive Point Pleasant Beach, NJ		260,000	260,000
41A Inlet Drive Point Pleasant Beach, NJ		275,000	275,000
43 Inlet Drive Point Pleasant Beach, NJ, 08742		270,000	270,000
999 Clifton Ave.		Value Unknown	Value Unknown
Total Other Property		1,455,000	1,455,000
Other Assets			
LIABILITIES AND OWNER EQUITY		CURRENT REPORTING MONTH	PETITION DATE
Other Postpetition Liabilities			
Adjustments to Owner Equity			
Postpetition Contributions (Distributions) (Draws)			

Restricted Cash is cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

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ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation		Amount
Total Accounts Receivable at the beginning of the reporting period		N/A
+ Amounts billed during the period		
- Amounts collected during the period		
Total Accounts Receivable at the end of the reporting period		
Accounts Receivable Aging		Amount
0 - 30 days old		N/A
31 - 60 days old		
61 - 90 days old		
91+ days old		
Total Accounts Receivable		
Amount considered uncollectible (Bad Debt)		
Accounts Receivable (Net)		

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X ¹	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.		N/A
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.		N/A
5. Has any bank account been opened during the reporting period? If yes, provide documentation identifying the opened account(s). If an investment account has been opened provide the required documentation pursuant to the Delaware Local Rule 4001-3.		X

¹ The debtor did not begin to turn over funds to the Trustee until July 12th.



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RETURN SERVICE REQUESTED

NORTH JERSEY MEDICAL CONSULTANTS CORP
101 FOX HEDGE RD
SADDLE RIVER NJ 07458-2715

BUSINESS CHECKING			
Account #	XXXXXXXX4607	Beginning Balance	\$2,106.35
Statement Period		Deposits/Credits	\$34,910.91
From	05/01/19	Interest Paid	\$0.00
Through	05/31/19	Checks/Debits	-\$33,661.49
Average Balance	\$6,683.45	Service Charges	\$20.00
Earned Interest This Period	\$0.00	Ending Balance	\$3,335.77
		# Deposits/Credits	6
Annual Percentage Yield Earned (APYE)	0.00%	# Checks/Debits	54
		YTD Interest	\$0.00
		YTD Withholding	\$0.00

ACCOUNT ACTIVITY DETAIL				
Date	Description	Deposits	Withdrawals	Balance
05/01	BEGINNING BALANCE			\$2,106.35
05/01	CHECK #1397		\$185.00-	\$1,921.35
05/02	CHECK #1411		\$200.00-	\$1,721.35
05/02	CHECK #1412		\$480.00-	\$1,241.35
05/02	CHECK #1413		\$800.00-	\$441.35
05/03	DEPOSIT	\$9,460.91		\$9,902.26
05/03	CHECK #1415		\$600.00-	\$9,302.26
05/03	PAID UCF DEBIT 0000000000001415 UNCOLLECTED		\$35.00-	\$9,267.26

IMPORTANT NOTICE:

Enclosed please find updates to our
2019 Fee Schedule for Business accounts.
These changes are effective June 1, 2019.



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IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS

Contact the Bank immediately if your statement is incorrect or if you need more information about any non-electronic transaction (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Please contact us at the telephone number or address listed on the front of this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt or if you believe a transfer was made using information from your check without your permission. We must hear from you no later than 30 days after we sent you the FIRST statement on which the problem or error appeared.

1. Provide your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Provide us with the dollar amount of the suspected error.

We will investigate your complaint and will credit any error promptly. If we need more time to complete the investigation, we may take up to 45 days to investigate your complaint or question. If Investors Bank decides to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint in writing and we do not receive it within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

LOST OR STOLEN ATM OR VISA DEBIT CARD

Contact us immediately if your Investors ATM or VISA Debit Card is lost or stolen. During normal business hours, Monday through Friday, call 855-iBank4U. After hours, call 1-800-472-3272.

For more complete details, see the Terms and Conditions agreement that governs your account.

[illegible]**FINANCE CHARGE**

We calculate the **FINANCE CHARGE** on your account by applying the applicable **DAILY PERIODIC RATE** to the **BALANCE SUBJECT TO FINANCE CHARGE** in your account at the end of each day. We get the **BALANCE SUBJECT TO FINANCE CHARGE** by taking the balance you owed at the end of the previous billing cycle (shown on the statement as the **PREV. BALANCE**). We then reduce that **PREV. BALANCE** by the amount of any unpaid **FINANCE CHARGES** or other charges included in it and any payments or other credits applied to your account prior to the end of the day in question. We then increase this amount by the amount of any loan advances and adjustments charged to your account prior to the end of the day in question.

BILLING RIGHTS SUMMARY

In case of errors or questions about your bill:

If you think your bill is wrong or if you need more information about a transaction on your bill, write us on a separate sheet at our address shown on the face of the statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter give us the following information: (1) Your name and account number. (2) The dollar amount of the suspected error. (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

HOW TO MAKE PAYMENT

Payments received prior to 5:00 p.m. at the Bank address shown on the face of your statement will be credited as of day of receipt. Payments can be made at a Branch, over the phone or online. Payments made at other locations of the Bank may result in a delay in crediting your payments (but not more than 5 days).





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ACCOUNT ACTIVITY DETAIL (continued)				
Date	Description	Deposits	Withdrawals	Balance
05/06	DC#0705 SIG PUR MILLERS PH MILLERS PHARMACY 201-8913333 NJ 000045		\$95.00-	\$9,172.26
05/06	PAID UCF DEBIT UNCOLLECTED		\$35.00-	\$9,137.26
05/06	CHECK #1418		\$1,497.00-	\$7,640.26
05/06	CHECK #1421		\$2,500.00-	\$5,140.26
05/07	WIRE CROSSTOWN MEDICAL P.C.	\$8,000.00		\$13,140.26
05/07	CHECK #1422		\$200.00-	\$12,940.26
05/07	PAID UCF DEBIT 0000000000001418 UNCOLLECTED		\$35.00-	\$12,905.26
05/07	PAID UCF DEBIT 0000000000001421 UNCOLLECTED		\$35.00-	\$12,870.26
05/08	CHECK #1420		\$425.00-	\$12,445.26
05/09	CHECK #1416		\$480.00-	\$11,965.26
05/09	CHECK #1423		\$600.00-	\$11,365.26
05/09	CHECK #1419		\$800.00-	\$10,565.26
05/10	NORTHWESTERN MU ISA PAYMNT XXXXX95-02		\$798.15-	\$9,767.11
05/10	CHECK #1414		\$2,000.00-	\$7,767.11
05/13	WIRE CROSSTOWN MEDICAL P.C.	\$12,000.00		\$19,767.11
05/13	DC#0705 SIG PUR LYME RESOU LYME RESOURCE MEDIC 212-7991121 NY 001720		\$450.00-	\$19,317.11
05/13	DC#0705 SIG PUR UBER TRI UBER TRIP HELP.UBER.COM CA 082417		\$71.71-	\$19,245.40
05/13	DC#0705 SIG PUR UBER TRI UBER TRIP HELP.UBER.COM CA 045451		\$113.47-	\$19,131.93
05/13	DC#0705 SIG PUR WICKED WIL WICKED WILLY'S NEW YORK NY 096506		\$105.34-	\$19,026.59
05/13	DC#0705 SIG PUR THE RED LI THE RED LION NEW YORK NY 098011		\$28.00-	\$18,998.59
05/13	CHECK #1428		\$800.00-	\$18,198.59
05/13	CHECK #1430		\$2,000.00-	\$16,198.59
05/14	DC#0705 DDA RTN LYME RESOU LYME RESOURCE MEDIC 212-7991121 NY 011726	\$450.00		\$16,648.59
05/14	DC#0705 REC POS OPC*HORIZO OPC*HORIZON BCBS NJ 800-3552583 NJ 028189		\$1,776.32-	\$14,872.27
05/14	CHECK #1431		\$600.00-	\$14,272.27



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ACCOUNT ACTIVITY DETAIL (continued)				
Date	Description	Deposits	Withdrawals	Balance
05/15	ATT PAYMENT XXXXXX3012EPAYQ		\$520.75-	\$13,751.52
05/15	WITHDRAWAL		\$2,000.00-	\$11,751.52
05/15	CHECK #1434		\$320.00-	\$11,431.52
05/15	CHECK #1432		\$340.00-	\$11,091.52
05/15	SERVICE CHARGE DEBIT		\$20.00-	\$11,071.52
05/16	DC#0705 SIG PUR OPC*HORIZO OPC*HORIZON BCBS NJ 800-3552583 NJ 004432		\$1,776.32-	\$9,295.20
05/16	CHECK #1417		\$65.00-	\$9,230.20
05/16	CHECK #1435		\$800.00-	\$8,430.20
05/17	WITHDRAWAL		\$1,000.00-	\$7,430.20
05/17	CHECK #1425		\$400.00-	\$7,030.20
05/20	DC#0705 SIG PUR VISIONS VISIONS WOODCLIFF LAK NJ 028040		\$900.00-	\$6,130.20
05/20	DC#0705 REC POS APL*ITUNES APL*ITUNES.COM/BILL 866-712-7753 CA 064206		\$0.99-	\$6,129.21
05/21	DC#0705 REC POS APL*ITUNES APL*ITUNES.COM/BILL 866-712-7753 CA 015482		\$9.99-	\$6,119.22
05/21	CHECK #1436		\$1,000.00-	\$5,119.22
05/21	CHECK #1429		\$2,500.00-	\$2,619.22
05/22	CHECK #1437		\$480.00-	\$2,139.22
05/23	DEPOSIT	\$3,000.00		\$5,139.22
05/23	DC#0705 SIG PUR RAMSEY VET RAMSEY VET HOSPITAL RAMSEY NJ 000008		\$455.01-	\$4,684.21
05/23	DC#0705 SIG PUR GEN SUSHI GEN SUSHI & HIBACHI MONTVALE NJ 090055		\$79.37-	\$4,604.84
05/24	DC#0705 SIG PUR GEN SUSHI GEN SUSHI & HIBACHI MONTVALE NJ 000060		\$59.58-	\$4,545.26
05/28	DC#0705 SIG PUR VARKA VARKA RAMSEY NJ 076950		\$19.95-	\$4,525.31
05/28	DC#0705 SIG PUR VARKA VARKA RAMSEY NJ 076915		\$163.65-	\$4,361.66
05/28	DC#0705 SIG PUR UBER TRI UBER TRIP HELP.UBER.COM CA 025622		\$22.79-	\$4,338.87



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ACCOUNT ACTIVITY DETAIL (continued)								
Date	Description			Deposits	Withdrawals	Balance		
05/28	DC#0705 SIG PUR ACME #1069 ACME #1069 WOODCLIFF LAK NJ 063077				\$150.95-	\$4,187.92		
05/28	DC#0705 SIG PUR FAIRWAY ES FAIRWAY ESTATE NURS MIDLAND PARK NJ 011767				\$309.08-	\$3,878.84		
05/28	DC#0705 SIG PUR CVS/PHARMA CVS/PHARMACY #04163 MONTVALE NJ 099940				\$148.33-	\$3,730.51		
05/28	DC#0705 SIG PUR BOTTLE KIN BOTTLE KING RAMSEY RAMSEY NJ 041824				\$187.70-	\$3,542.81		
05/28	DC#0705 SIG PUR ANTHONYS C ANTHONY'S COAL FIRED RAMSEY NJ 075768				\$155.17-	\$3,387.64		
05/28	CHECK #1438				\$800.00-	\$2,587.64		
05/28	CHECK #1439				\$1,000.00-	\$1,587.64		
05/30	CHECK #1426				\$65.00-	\$1,522.64		
05/31	DEPOSIT			\$2,000.00		\$3,522.64		
05/31	DC#0705 SIG PUR GEN SUSHI GEN SUSHI & HIBACHI MONTVALE NJ 070099				\$186.87-	\$3,335.77		
05/31	ENDING BALANCE					\$3,335.77		
CHECK REGISTER								
Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1397	05/01	\$185.00	1419	05/09	\$800.00	1430	05/13	\$2,000.00
1411*	05/02	\$200.00	1420	05/08	\$425.00	1431	05/14	\$600.00
1412	05/02	\$480.00	1421	05/06	\$2,500.00	1432	05/15	\$340.00
1413	05/02	\$800.00	1422	05/07	\$200.00	1434*	05/15	\$320.00
1414	05/10	\$2,000.00	1423	05/09	\$600.00	1435	05/16	\$800.00
1415	05/03	\$600.00	1425*	05/17	\$400.00	1436	05/21	\$1,000.00
1416	05/09	\$480.00	1426	05/30	\$65.00	1437	05/22	\$480.00
1417	05/16	\$65.00	1428*	05/13	\$800.00	1438	05/28	\$800.00
1418	05/06	\$1,497.00	1429	05/21	\$2,500.00	1439	05/28	\$1,000.00
(# AFTER THE CHECK AMOUNT INDICATES ACH CHECK - * INDICATES NON-CONSECUTIVE CHECK NUMBER(S))								



855-iBank4U (855.422.6548)
myinvestorsbank.com

RETURN SERVICE REQUESTED

NORTH JERSEY MEDICAL CONSULTANTS CORP
101 FOX HEDGE RD
SADDLE RIVER NJ 07458-2715

BUSINESS CHECKING			
Account #	XXXXXXX0713	Beginning Balance	\$93.35
Statement Period		Deposits/Credits	\$0.00
From	05/01/19	Interest Paid	\$0.00
Through	05/31/19	Checks/Debits	0.00
Average Balance	\$93.35	Service Charges	\$0.00
Earned Interest This Period	\$0.00	Ending Balance	\$93.35
		# Deposits/Credits	0
Annual Percentage Yield Earned (APYE)	0.00%	# Checks/Debits	0
		YTD Interest	\$0.00
		YTD Withholding	\$0.00

ACCOUNT ACTIVITY DETAIL				
Date	Description	Deposits	Withdrawals	Balance
05/01	BEGINNING BALANCE			\$93.35
05/31	ENDING BALANCE			\$93.35

IMPORTANT NOTICE:

Enclosed please find updates to our
2019 Fee Schedule for Business accounts.
These changes are effective June 1, 2019.



Member FDIC

Contact the Bank immediately if your statement is incorrect or if you need more information about any non-electronic transaction (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you.

Please contact us at the telephone number or address listed on the front of this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt or if you believe a transfer was made using information from your check without your permission. We must hear from you no later than 30 days after we sent you the FIRST statement on which the problem or error appeared.

1. Provide your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Provide us with the dollar amount of the suspected error.

We will investigate your complaint and will credit any error promptly. If we need more time to complete the investigation, we may take up to 45 days to investigate your complaint or question. If Investors Bank decides to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint in writing and we do not receive it within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

Contact us immediately if your Investors ATM or VISA Debit Card is lost or stolen. During normal business hours, Monday through Friday, call 855-iBank4U. After hours, call 1-800-472-3272.

THIS SECTION IS DESIGNED TO HELP YOU BALANCE YOUR STATEMENT

[illegible]

We calculate the **FINANCE CHARGE** on your account by applying the applicable **DAILY PERIODIC RATE** to the **BALANCE SUBJECT TO FINANCE CHARGE** in your account at the end of each day. We get the **BALANCE SUBJECT TO FINANCE CHARGE** by taking the balance you owed at the end of the previous billing cycle (shown on the statement as the **PREV. BALANCE**). We then reduce that **PREV. BALANCE** by the amount of any unpaid **FINANCE CHARGES** or other charges included in it and any payments or other credits applied to your account prior to the end of the day in question. We then increase this amount by the amount of any loan advances and adjustments charged to your account prior to the end of the day in question.

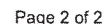
In case of errors or questions about your bill:

If you think your bill is wrong or if you need more information about a transaction on your bill, write us on a separate sheet at our address shown on the face of the statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter give us the following information: (1) Your name and account number. (2) The dollar amount of the suspected error. (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Payments received prior to 5:00 p.m. at the Bank address shown on the face of your statement will be credited as of day of receipt. Payments can be made at a Branch, over the phone or online. Payments made at other locations of the Bank may result in a delay in crediting your payments (but not more than 5 days).





America's Most Convenient Bank®

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STATEMENT OF ACCOUNT

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJ
101 FOX HEDGE RD
SADDLE RIVER NJ 07458

Page: 1 of 3
Statement Period: May 06 2019-Jun 05 2019
Cust Ref #: 4364907712-039-T-###
Primary Account #: 436-4907712

Chapter 11 Checking

WILLIAMFOCAZIO
DIP CASE 19-10880 DIST NJ

Account # 436-4907712

ACCOUNT SUMMARY

Beginning Balance	7.00	Average Collected Balance	8,684.92
Deposits	27,200.00	Interest Earned This Period	0.00
Other Credits	25,000.00	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
Checks Paid	31,695.30	Days in Period	31
Electronic Payments	4,000.00		
Other Withdrawals	35.00		
Ending Balance	16,476.70		

	Total for this Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees (NSF)	\$35.00	\$35.00

DAILY ACCOUNT ACTIVITY**Deposits**

POSTING DATE	DESCRIPTION	AMOUNT
05/06	DEPOSIT	1,500.00
05/13	DEPOSIT	2,000.00
05/17	DEPOSIT	4,200.00
05/23	DEPOSIT	18,500.00
05/28	DEPOSIT	1,000.00
Subtotal:		27,200.00

Other Credits

POSTING DATE	DESCRIPTION	AMOUNT
06/04	RETURNED ITEM	25,000.00
Subtotal:		25,000.00

Checks Paid

No. Checks: 12

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
05/16	1001	890.00	06/03	1007*	25,000.00
05/10	1004*	480.00	05/23	1008	730.00
05/20	1005	600.00	05/23	1009	85.30

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Page:

2 of 3

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	16,476.70
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		2

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		2

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

**Bank**

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STATEMENT OF ACCOUNT

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJPage: 3 of 3
Statement Period: May 06 2019-Jun 05 2019
Cust Ref #: 4364907712-039-T-###
Primary Account #: 436-4907712

DAILY ACCOUNT ACTIVITY

Checks Paid (continued)

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT	
05/28	1010	1,000.00	05/31	1014	1,000.00	
05/28	1012*	600.00	06/03	1015	350.00	
05/29	1013	480.00	06/04	1016	480.00	
					Subtotal:	31,695.30

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT	
05/14	DEBIT CARD PURCHASE, *****30040422362, AUT 051219 VISA DDA PUR PETRILLO LANDSCAPING RIVER VALES * NJ	1,000.00	
05/17	DEBIT CARD PURCHASE, *****30040422362, AUT 051519 VISA DDA PUR PETRILLO LANDSCAPING RIVER VALES * NJ	500.00	
06/04	ACH DEBIT, ROCKLAND ELECTR BILL PYMT *****558049	2,500.00	
		Subtotal:	4,000.00

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT	
06/04	OVERDRAFT RET	35.00	
		Subtotal:	35.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
05/05	7.00	05/20	4,237.00
05/06	1,507.00	05/23	21,921.70
05/10	1,027.00	05/28	21,321.70
05/13	3,027.00	05/29	20,841.70
05/14	2,027.00	05/31	19,841.70
05/16	1,137.00	06/03	-5,508.30
05/17	4,837.00	06/04	16,476.70

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender